## Case 2:15-bk-53290 Doc 36 Filed 12/09/15 Entered 12/09/15 10:32:27 Desc Main Document Page 1 of 4

						ı				
	n this information to identify your stor 1 Scott D Va									
	otor 2				_					
	ed States Bankruptcy Court for th	e: SOUTHERN DISTRIC	CT OF OHIO							
Cas	e number 2:15-bk-53290					Check	if this is:			
(If kno	own)		_			□ A		J		tion chapter ate:
<u>Of</u>	ficial Form 106I					MI	M / DD/ Y	YYY		
Sc	chedule I: Your Inc	ome								12/15
spoi	olying correct information. If youse. If you are separated and youch a separate sheet to this form  Describe Employmen	ur spouse is not filing w . On the top of any additi	ith you, do not includ	de inforr	natio	n about	your spo	use. If mo	re space	is needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fil	ling spou	se
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed				<ul><li>■ Employed</li><li>□ Not employed</li></ul>			
	employers.	Occupation	, ,					1 -7		
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Part	Give Details About Mo	onthly Income								
	mate monthly income as of the se unless you are separated.	date you file this form. If	you have nothing to re	eport for	any li	ine, write	\$0 in the	space. Inc	lude your	non-filing
	u or your non-filing spouse have n space, attach a separate sheet t		ombine the information	n for all e	emplo	yers for t	hat perso	n on the lir	nes below	. If you need
						For Deb	tor 1		otor 2 or ng spous	se
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$	10,	481.64	\$	0.0	00
3.	Estimate and list monthly ove	rtime pay.		3.	+\$		0.00	+\$	0.0	00

10,481.64

\$

0.00

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Scott D Vance	-	C	ase number (if known)	2:15	-bk-53290	
	Cop	y line 4 here	4.		For Debtor 1 \$ 10,481.64		Debtor 2 or -filing spouse 0.00	
5.	List	all payroll deductions:						
0.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: HSA Plan	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.		\$ 3,182.86 \$ 0.00 \$ 0.00 \$ 0.00 \$ 50.85 \$ 0.00 \$ 0.00 \$ 145.08	\$ \$ \$ \$ + \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	- - - - -
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	3,378.79	\$	0.00	=
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	7,102.85	\$	0.00	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$ 0.00	¢	0.00	
	8b.	Interest and dividends	8b.		\$ <u>0.00</u> \$ 0.00	\$_ \$	0.00	_
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	8c. 8d. 8e.	,	\$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$	0.00 0.00 0.00	- - -
		Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.		\$0.00	\$	0.00	_
	8g.	Pension or retirement income	8g.		\$ 0.00	\$_	0.00	_
	8h.	Other monthly income. Specify:	_ 8h.	+ ;	\$ 0.00	+	0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.0	0
	Add	culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. the all other regular contributions to the expenses that you list in Schedule	10.	<u> </u>	7,102.85 + \$_		0.00 = \$	7,102.85
11.	Inclu othe	ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	deper		.,	,	Schedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$	7,102.85
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?					y income
		Yes. Explain: 401k loan expires in 12/1/17 Debtor was laid off but is receiving severance pa	y fro	m f	former employer	Safel	ite	

		ition to identify yo						
Debtor	1	Scott D Van	се			Che	ck if this is:  An amended filing	
Debtor :	2						ū	wing postpetition chapter
(Spouse	e, if filing)						13 expenses as of	the following date:
United S	States Bank	ruptcy Court for the	: SOUTH	ERN DISTRICT OF OHIO	<u> </u>		MM / DD / YYYY	
Case nu (If know		15-bk-53290						
Offic	cial Fo	orm 106J				J		
Sch	edule	J: Your	 Exper	ises				12/1
Be as inform	complete nation. If m	and accurate as	possible.	. If two married people ar				
Part 1:	Desci	ribe Your House	hold					
•	No. Go to	line 2.	in a separ	ate household?				
		0	-	al Form 106J-2, <i>Expenses</i>	s for Separate House	e <i>hold</i> of Deb	otor 2.	
2. <b>D</b>	o you hav	e dependents?	□ No					
D	•	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
D	o not state	the						□ No
de	ependents	names.			Spouse		_	Yes
								□ No □ Yes
							_	□ No
								☐ Yes
								□ No
3. <b>D</b>	o vour ext	oenses include	_					☐ Yes
e	xpenses o	f people other t d your depende	han $_{\square}$	No Yes				
expens	ate your ex		our bankrı	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the val		h assistance an		government assistance in Sluded it on <i>Schedule I:</i> Y			Your exp	enses
4. <b>T</b> I	he rental c	or home owners	hin evner	ses for your residence. I	nclude first mortgage	<b>—</b>		
		nd any rent for th			noidae mat mortgag	4.	\$	0.00
lf	not includ	led in line 4:						
48		estate taxes				4a.	·	0.00
41		rty, homeowner's				4b.		0.00
40		maintenance, re owner's associa		upkeep expenses dominium dues		4c. 4d.	: <del></del>	0.00
				our residence, such as ho	me equity loans	5.	·	0.00

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ebtor 1 Scott D Vance	Case number (if known)	2:15-bk-53290
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	225.00
6b. Water, sewer, garbage collection	6b. \$	60.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	169.56
6d. Other. Specify: Cell Phone	6d. \$	248.00
Food and housekeeping supplies	7. \$	700.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	100.00
Personal care products and services	10. \$	125.00
. Medical and dental expenses	11. \$	135.00
Transportation. Include gas, maintenance, bus or train fare.	40. 0	250.00
Do not include car payments.	12. \$	350.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
Charitable contributions and religious donations	14. \$	0.00
Insurance.  Do not include incurance deducted from your pay or included in lines 4 or 20		
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance	15a. \$	79.10
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	386.19
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	10u.	0.00
Specify:	16. \$	0.00
Installment or lease payments: 17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17b. \$	0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report as	17α. ψ	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
Other payments you make to support others who do not live with you.	\$	325.00
Specify: Tuition and books for son	19.	
Other real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Your Income.	
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: 401(k) loan repayment - to avoid tax issues	21. +\$	1,200.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	4,102.85
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	,
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,102.85
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	7,102.85
23b. Copy your monthly expenses from line 22c above.	23b\$	4,102.85
		,
23c. Subtract your monthly expenses from your monthly income.	00-	3 000 00
The result is your monthly net income.	23c.   \$	3,000.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

□ No.
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Yes. Explain here: Debtor is remarried and spouse pays for rent and motorcycle previously listed on schedule J